

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12 FEB 15 MAIL CENTER

Medicinal Cannabis Superpac

ADDRESS (number and street)

1505 14th St



(Check if address  
is changed)

900

Oakland

CITY ▲

CA

STATE ▲

94612-1

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address  
is changed)

fielderiacannabis@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address  
is changed)

medicinalcannabissupercapac.org

2. DATE

01 / 13 / 2014

3. FEC IDENTIFICATION NUMBER ►

C00534529

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Joseph C. Houston

Signature of Treasurer

Joseph C. Houston

Date

01 / 13 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
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Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

14031162228

14031162229

Medicinal Cannabis Super PAC.  
505 14th St, #900  
Oakland, CA 94612

OAKLAND CA 945

21 JAN 2014 PM 8:1



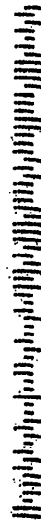
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PREPARER  
(8/2013)

1/27/14  
DATE PREPARED

14031162230